CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	ms/mrs/mr First James	MI	OFFICE USE ONLY		
NAME			Oate Received		
	NICKNAME LAST	SUFFIX	. /		
	Thompsor	7/9/2000			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	1/9/2020 11/4/		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST William	MI	Receipt # Amount \$		
NAME			Date Processed		
	IAST Jameson	SUFFIX	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS					
(Residence or Business)					
(Floorida of Basilloss)					
			Annes & an Adride an anne ha kan an anne an		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE					
					
9 REPORT TYPE	January 15 30th day before s	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	X July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)		

10 PERIOD	Month Day Year	Month	Day Year		
COVERED	1 / 1 / 2020	THROUGH 6	30 / 2020		
	,	mnogan /	<i>-</i> ,		
11 ELECTION ELECTION DATE ELECTION TYPE					
	Month Day Year Primary	Runoff Other			
	General	Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	Former Mayor	None			
		140110			
		[

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		The second secon				
			l5 Filer ID (Ethi	ics Commission Filers)		
James Thompson						
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	ļ <u></u>	COMMITTEE ADDRESS	0.15(A/0386/0000388999901.15/0.J/01.038/00648-6:A/080	50h		
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	33.3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		0		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	0		
	4. TOTAL	\$	6,100.00			
CONTRIBUTION BALANCE	5. TOTAL F OF REP	DAY \$	94,379.11			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	0		
18 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP, SEALABOVE Tamec thom D. (a)						
Sworn to and subscribed before me, by the said						
month home 14AKK H. HOOVE Motory Public						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		COVERS	HE	ET PG 3
19	FILER NAME 20 Filer ID (Ethics		Commission Filers)	
	James Thompson			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	6,100.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	reconstructed (for 1015) populator level 1 to 10 con announce (for 1015) populator (for 1015)
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$	
			<i></i>	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Thompson 4 Date 5 Payee name 1/13/2020 ARC of Fort Bend County 6 Amount (\$) 7 Payee address; City; State; Zip Code 1,250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Donation Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 01/27/2020 Sugar Land Cultural Arts Foundation Amount (\$) Payee address; City; State; Zip Code 4,250.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Gheck if Austin, TX, officeholder living expense Donation EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 2/25/2020 Taylor Landin Amount (\$) Payee address; City; State; Zip Code \$600.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Contribution Candidate / Officeholder name Office sought Office held Complete **QNLY** if direct expenditure to benefit C/OH **Taylor Landin** Sugar Land City Council, At Large #1 None ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED